



## Date received:

Agency reference #:	

AGENCY USE ONLY

Tax Parcel #(s):

TO BE COMPLETED BY APPLICANT [help]

Project Name: \_\_\_\_

## **WASHINGTON STATE Joint Aquatic Resources Permit** Application (JARPA) [help]

## **Attachment A:** For additional property owner(s) [help]

Use this attachment only if you have more than one property owner. Complete one attachment for each additional property owner impacted by the project.

Signatures of property owners are not needed for repair or maintenance activities on existing rights-of-way or easements.

Use black or blue ink to enter answers in white spaces below.				
1. Name (Last, First, Middle) and Organization (if applicable)				
2. Mailing Address (Street or PO Box)				
3. City, State, Zip				
<b>4.</b> Phone (1)	<b>5.</b> Phone (2)	<b>6.</b> Fax	7. E-mail	
( )	( )	( )		
Address or tax parcel number of property you own:				
Signature of Property Owner				
I consent to the permitting agencies entering the property where the project is located to inspect the project site or any work. These inspections shall occur at reasonable times and, if practical, with prior notice to the landowner.				
Printed Name	Printed Name Signature			

If you require this document in another format, contact the Governor's Office for Regulatory Innovation and Assistance (ORIA) at (800) 917-0043. People with hearing loss can call 711 for Washington Relay Service. People with a speech disability can call (877) 833-6341. ORIA publication number: ENV-020-09 rev. 09/2015